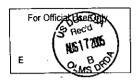
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25106	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Robert S Morigeau	Name Operating Engineers Local 302 (IUOE)		
	Labor Organization File Number 14028		
P.O. Box, Bldg., Room No., if any Suite 100	P.O. Box, Building and Room Number, if any		
Street 900 W Northern Lights Blvd	Street 18701 120th Avenue NE		
City Anchorage	City Bothell		
State Alaska ZIP Code + 4 99503	State Washington ZIP Code + 4 98011-9514		
5. Position in labor organization. District 6 Union Rep - Trust	ee		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
	· · · · · · · · · · · · · · · · · · ·		
State ZIP Code + 4			
	inature		
Signature and verification. The undersigned declares, under penalty	gnature of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)		
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)		
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing Robert Morigeau		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the busines. rely seeking to represent, or irectly to, or otherwise	s		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	9. Business deals with: a. Labor Organization b. Trust c. Employer			
State ZIP Code + 4 L 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal			
Name AK Operating Engineers/Training Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 200 Street 900 W Northern Lights Blvd.	Reimbursments rega	arding expenses f	or Trust meetings	
City Anchorage State Alaska ZIP Code + 4 99503	11.b. Approximate dollar val		\$32	
	12.b. Amount.	* * * *********************************		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.			
State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			